

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

GARY PETERS

(b) Address (number and street)

PO BOX 226

☐ Check if address changed

2. Identification Number

H8MI09068

(c) City, State and ZIP Code

BLOOMFIELD HILLS

MI

48303

3. Is This Statement

☒ New (N)

OR

☐ Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

MI 09

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

PETERS FOR CONGRESS

(b) Address (number and street)

PO BOX 226

(c) City, State and ZIP Code

BLOOMFIELD HILLS

MI

48303

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND

(b) Address (number and street)

PO BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

VA

22151

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

GARY PETERS

Date

09/30/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PETERS-SCHAUER 2010

(b) Address (number and street)

180 W MICHIGAN SUITE 403

(c) City, State and ZIP Code

JACKSON

49201